

M12-04

Application Number
09 424272

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| Filing Date |
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Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 1 | | | | | |
| Total Depend | 3 | | | | | |
| Total Claims | 4 | | | | | |

| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

33(784) CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | | 1 | | 1 | | | | | | | | |
| TOTAL DEP. | 1 | | 2 | | 3 | | | | | | | | |
| TOTAL CLAIMS | 3 | | 3 | | 4 | | | | | | | | |
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| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |

BEST AVAILABLE COPY